## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: STONE CREST RESIDENCE (0009226)
Address: 805 PARCHER STREET, WAUSAU, WI 54403

**License Status: REGULAR** 

Licensed/Certified/Registered 09/01/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0095611 End Date: 08/25/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009455 Served 09/30/2005

Deficiencies Cited Subject Area

83.21(4)(w) SAFE ENVIRONMENT

Survey ID: 0092886 End Date: 05/18/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009294 Served 07/13/2004

Deficiencies Cited Subject Area Subject Area Verified

Deficiencies CitedSubject AreaVerifiedCorrected83.15(1)(a)STAFFING PATTERNS08/25/2005Yes83.32(2)(a)INDIVIDUALIZED SERVICE PLAN-SCOPE08/25/2005Yes

Survey ID: 0092040 End Date: 01/28/2004 Type: STANDARD Purpose: COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Compliance

STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0091005 End Date: 07/23/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005229 Served 10/06/2003

Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.32(3)	SIGNING ASSESSMENT AND ISP	01/28/2004	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	01/28/2004	Yes

**Provider Inspection Summary** 

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 09/29/2005 SOD #10009455 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p) FORFEITURE---83.21(4)(w)

Date: 07/09/2004 SOD #10009294 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT FORFEITURE---83.15(1)(a) FORFEITURE---83.32(2)(a)

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 09/10/2003 Date Investigation Completed: 01/28/2004

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED